THE AMERICAN ARMY MEDICAL SERVICES IN THE FIELD.

BY

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In 1942 the writer prepared some notes on the American Army Medical Services for the Medical Personnel (Priority) Committee on which he is the Army representative.

In 1944, he visited the Third Army by the kindness of Major-General Paul Hawley, Chief Surgeon, European Theatre of Operations, U.S.A., and this year, thanks to the courtesy of Brigadier-General J. Martin, the Army Surgeon, 5th U.S. Army, he had the privilege of seeing a Medical Battalion in action soon after the victorious offensive was launched on the Italian Front in April last.

It has been suggested that some information about the Medical Service of our Great Ally might be of use to officers of the Corps, therefore my original notes have been brought up to date in the hope that they may be of general interest.

It will be found that there are great and outstanding differences between the American Army Medical organization and our own.

(1) THE MEDICAL SERVICE AT THE AMERICAN WAR OFFICE.

Instead of being a branch of the Adjutant-General's Department the Army Medical Department is a part of the Service of Supply of the United States Army.

This service, known as the "S.O.S."—as the American Army is as fond of initials and short titles as the British and Continentals—embraces what are known in our Army as the administrative services.

The Army Medical Department has at its head the Surgeon-General at Washington, who corresponds with the Director-General of the Army Medical Services at the British War Office, and controls the department.

The administrative medical officers of all formations from Army to Regiment are designated "surgeon"—for instance, an Army surgeon corresponds to Director of Medical Services in our Army, a Corps surgeon to our Deputy Director of Medical Services and a Division surgeon to our Assistant Director of Medical Services.

The American Army in the European Theatre of Operations is divided into combat zones or Army Areas and Communication Zone known as the "Com Z."

The United States Army Medical Department includes not only the American R.A.M.C.—the Medical Corps—but also the following: (1) The Medical Administrative Corps which corresponds to the Quartermasters of the R.A.M.C.; (2) The Sanitary Corps; (3) The Dental Corps; and (4) The Nurse Corps.

Here at the outset is a remarkable difference between the British and American Services. The Royal Army Veterinary Corps of the British Army is an entirely distinct Corps. In the American Army, the Veterinary Corps is part of the Army Medical Department.

The Dental Corps, as in our own Army, is administered by the Medical Corps. The Army Nurse Corps represents our Queen Alexandra's Imperial Military Nursing Service, but wears the same uniform and bears the same badge as the Medical Corps.

The field organization of the U.S. Army Medical Corps has also great and outstanding differences from the British Army organization.

The first of these to strike the visitor are: (a) the provision of a detachment of the U.S.
Army Medical Corps which serves at all times with each formation of every unit of the American Army, and (b) the existence of a regimental medical service.

(2) THE REGIMENTAL MEDICAL SERVICE.

In the British Army there is no regimental medical service.

In wartime, R.A.M.C. officers are attached to units but no "Other Ranks" of the R.A.M.C. serve as integral parts of the fighting units.

In the American Army the Army Medical Corps provides detachments for not only each regiment and separate battalion but for every formation down to the platoon.

These medical troops train with their units and go into action with them. They correspond more or less with the stretcher bearers of the British Army who are combatant soldiers of the unit trained by the unit medical officer. In the United States Army the word "litter" is used instead of "stretcher" and the medical troops form the litter squads for the formation to which they are attached.

They are affectionately known as "Medics" and their services are highly prized by their combatant comrades.

I talked to infantry commanding officers and they said they would not be without their "Medics" "for anything."

These detachments of medical troops form the "Other Ranks" of a very complete regimental medical service.

The regiment in the American Army corresponds to our brigade.

At the head of the regimental service is the regiment surgeon who has no analogue in the British Service.

He is provided with one or more commissioned assistants and the battalion medical officers are under his direction for medical purpose.

There is one medical officer and one officer of the Medical Administrative Corps to each battalion of about 500 men.

In the British Service the O.C. the field ambulance attached to a Brigade acts as senior medical officer but the unit medical officers of the Brigade serve directly under the A.D.M.S. of the Division.

(3) THE MEDICAL SERVICE OF AN AMERICAN DIVISION.

Each Division has a Division surgeon.

The Division surgeon has a larger staff than a British A.D.M.S.

He has, for instance, a medical inspector, who is a specialist in field sanitation and epidemiology and supervises matters of preventive medicine, a Division dental officer and a Division veterinary officer.

The Division surgeon has at his disposal a medical battalion which corresponds to the three field ambulances of a British Division.

The medical battalion is composed of three collecting companies and one clearing company. It has thirty-five officers of which twenty-five are medical officers distributed as follows:

| Headquarters and Headquarters Detachment | 3 |
| 3 Collecting Companies                  | 12 |
| 1 Clearing Company                      | 10 |
| **Total**                               | **25** |

In action, the clearing company of the Division forms a clearing station which corresponds roughly to the old main dressing station formed by our field ambulances prior to the 1942 reorganization.

During my visit to C.M.F. I had an opportunity of seeing its medical battalion in action with the 92nd Division of the U.S. Army which was originally an entirely negro Division.
It had been reconstituted with one white and one negro regiment and one regiment composed of American-born Japanese. It will be remembered that American regiments correspond to brigades of our Army.

The Division surgeon was white but the commanding officer of the medical battalion was a negro Lieutenant-Colonel.

We visited a collecting station formed by one of the collecting companies of the Division which corresponded to a British advanced dressing station.

It was situated within three miles of the front line and I was shown round by a negro captain of the U.S. Medical Corps who clearly knew his job.

Wounded, white, negro and Japanese were being skilfully attended by negro medical officers and personnel.

I also had an opportunity of visiting a clearing station formed by the clearing company of the medical battalion.

This formation corresponds roughly to the old British main dressing station with, however, the great difference that it has a platoon of a field hospital attached to it.

This platoon functions in a similar way to the new British advanced surgical centre but is much larger as it can hold 134 patients in cots, i.e. wooden camp beds which take the place of the metal beds carried by the British field dressing stations and field surgical units.

(4) THE MEDICAL-SERVICE OF AN AMERICAN ARMY.

The Army surgeon has at his disposal a varying number of field hospitals and evacuation hospitals and a large convalescent hospital of a thousand beds.

In the Third Army I saw 28th Field Hospital in command of Lieut.-Colonel Ensey, M.C. His hospital consisted of 400 beds augmented to 600 beds and used as a rail holding unit.

The American field hospital is equipped for 400 patients and has 14 medical officers, 8 administrative officers, 18 nurses, 2 Red Cross workers and 187 other ranks. It is divisible into three platoons, each platoon capable of holding 134 patients on cots.

The field hospital is described as "semi-mobile" and cannot move without additional transportation.

It has the following transport:

6 Ambulances
4 2½ ton trucks
4 Jeeps
1 ¼ ton truck, weapon carrier
1 trailer, bath unit
3 ,, ¾ ton
1 ,, 1 ton
3 ,, water carrier

15

As pointed out above, platoons of field hospitals form the American equivalent to our advanced surgical centres.

Instead of the British field dressing station with two or three surgical teams the American advanced surgical centre is formed by adding to a clearing station a platoon of a field hospital which has "beds" for 134.

The "beds" used by the field hospital are made of wood and comparable to camp beds. They are light but do not stand rough usage as well as our British beds.

When a platoon is moved to a clearing station for an advanced surgical centre the Army surgeon arranges for 15 × 2½ ton trucks with 1 ton cargo trailers for each platoon. This transport moves equipment and personnel. The Army surgeon also sends one surgical team composed as under: 1 surgeon, 1 assistant surgeon, 1 nurse, 1 anaesthetist, 2 other ranks, surgical technicians.

No transport is assigned to American surgical teams. The unit to which they are attached provides transport to their next assignment.

An Army surgeon has a large number of surgical teams at his disposal, viz. 24 general surgical, 37 special teams including: Orthopaedic, neuro-surgical, maxillo-facial, shock, gas,
now being used as shock, and miscellaneous, including eye, and 3 X-ray teams made up separately.

The only kind of team which is completely mobile is the X-ray team.

**Army Convalescent Hospitals.**—The Army surgeon of the 5th Army showed me his convalescent hospital which was located in four hotels of an Italian Spa in his Army area.

The Spa was beautifully situated on the slopes of the Apennines and the military patients took the ferrous alkaline waters and used the hot bath.

The hospital was organized for 1,000 patients but there were 2,000 in the unit at our visit. About fifty officer patients had been allotted a special hotel and messed with the medical officers.

The hospital carried out the function of a British convalescent depot but had a complete medical and surgical staff.

Officers and other ranks are kept about a week and I was assured by the Army surgeon that a large number return to full duty.

We have nothing quite similar to this formation in the British Army areas.

**Hospital Trains.**—The U.S. hospital train has the same capacity as a British train. Indeed, of 27 trains operated from chief surgeon’s office at the end of 1944, 24 were British and 3 had been taken over in France. The medical officers of each train consist of a Major with one Captain and two Lieutenants.

When I visited Paris a portion of the Gare St. Lazare had been taken over and all trains operated through Paris.

**Motor Ambulance Convoys.**—In the British Service motor ambulance convoys are R.A.S.C. units under the operational control of Corps D.Ds.M.S.

In the U.S. Army they are styled medical ambulance battalions motor and remain under the command of a Medical Corps officer, but out of 18 officers only 4 are medical.

**Medical Gas Treatment Battalions.**—These are large units which accompanied the Expeditionary Force to Europe.

As they are not required for gas cases they are split up and employed as medical holding units on air-fields and air-strips.

**The Sanitary Corps.**—This useful formation is not concerned with ordinary hygiene duties but consists of sanitary engineers, chemists and scientific workers, such as entomologists, bacteriologists and statisticians.

Officers of the Corps, who are chemists, are frequently employed as dietitians in general hospitals. The officers wear the same badge as the Medical Corps with an enamelled letter “S” superimposed.

**Field Hygiene.**—Medical sanitary companies are large units which may be commanded by an officer of either the M.C., A.M.C. or Sanitary Corps.

They are very active formations. At my visit notices proclaiming that the water supply of Third Army H.Q. was unsafe were ubiquitous and Lister bags with chlorinated water were installed in all messes.

**Dental Service.**—Each unit has its own dental service. The dental officers are assistants to the unit surgeon of each formation. They have enlisted assistants who are trained in general duties of medical soldiers and are available in combat for any medical duties.

**Veterinary Corps.**—Veterinary officers act as assistants to the surgeon of the formation to which they are attached.

In addition to the care and treatment of animals, veterinary officers are responsible for the supervision of stables and picket lines and the inspection of meat and all other foods of animal origin, such as milk and butter.

At the conclusion of a visit to B.L.A. in 1944 the writer was invited by Major-General Paul Hawley, the Chief Surgeon of the European Theatre of Operations, to visit the American zone of operations.
General Hawley's domain was the entire European Theatre of Operations. He acted in a dual capacity in that he was Chief Surgeon of the theatre and of the Communications Zone as well. His jurisdiction of the Medical Services extended from the front lines to the outloading of hospital ships.

His office was located in one of the avenues leading from the Place d'Etoile. A portion of the avenue had been roped off and was guarded by Military Police. Of course, traffic through this portion of the avenue was diverted.

The office of the chief surgeon is a very extensive organization divided into fourteen divisions under eleven Colonels of the Army Medical Corps, a dental full Colonel, a veterinary Colonel and a Lieutenant-Colonel of the Nurse Corps, viz.:

- Executive Officer
- Dental Division
- Gas Casualty Division
- Historical Division
- Hospitalization Division
- Medical Records Division
- Nursing Division
- Operation Division
- Personnel Division
- Preventive Medicine Division
- Professional Services Division
- Public Relations Division
- Supply Division
- Veterinary Division

Thanks to General Hawley I saw a number of hospitals in and around Paris and was impressed by the following features:

(a) Office Accommodation.—The office accommodation is more elaborate than in British hospitals. Each officer has on his desk, facing visitors, a painted block giving his rank, name and appointment. This is a very convenient arrangement and is used in the offices right up to the forward area of the Armies.

(b) Wards.—The wards were bright and cheerful. In many of the hospitals German bedsteads and even bedding had been taken over and was being used instead of the hospital's own beds and bedding which were kept ready for a sudden move.

(c) Services.—Instead of the medical and surgical divisions of British hospitals, the Americans have what are called "Services."

For instance, the opposite number of our Officer i/c Surgical Division is called Chief of Surgical Service. This Service is divided into five sections: (1) Orthopaedic; (2) septic; (3) urological; (4) general; (5) E.E.N.T.—the additional "E" may be unfamiliar. The Americans group the eye with the ear, nose and throat department but there are, of course, specialist eye surgeons.

Some hospitals have special features, such as chest wounds, head wounds and neurosurgery.

(d) Ranks.—General hospitals are commanded by full Colonels as in our Service, but specialists do not carry the rank of Major as in the R.A.M.C. Many of the American specialists I saw were only Lieutenants and did not seem to be less looked up to by their brother officers on this account. Since my visits, however, qualified officers have been promoted to the rank of Captain, even though no T/O vacancy existed.

(e) Dieting in Hospital.—Great attention is paid to dieting in American hospitals and it is under the control of a non-medical officer who is a dietitian. In one hospital I visited the dietitian was a 2nd Lieutenant of the Sanitary Corps and a professional chemist in "Civvie Street."

(f) Central Issue Depot.—All general hospitals have organized a central issue store, usually in charge of a nursing officer, who supplies on demand sterile packages for use in the wards which contain all materials necessary for intravenous injections, catheterization, lumbar punctures, bleeding tonsils, etc. When finished with the materials are returned to the depot to be cleaned, sterilized and reconstituted.
Laundries.—Each general hospital has a laundry and I was pleased to note that the machinery was British!

One hospital went to the refinement of ironing sheets with French civilian labour.

Laboratories and Libraries.—Laboratory material is provided on a generous scale and a library of reference books is part of the hospital equipment.

Transport of General Hospitals.—I was much impressed by the amount of transport provided for American general hospitals, viz.: 5 motor ambulances, 5 jeeps, 2 command cars, 5 2½ ton lorries, 4 weapon carriers.

The Nurse Corps.—The Nurses of the American Army are called "nurses" and not "nursing sisters" or "nursing officers" as in our Army, but from June last they held substantive rank and are addressed by their military ranks. They wear a simple but effective indoor uniform of striped brown and white material. Their outdoor khaki uniform is familiar in the London streets.

They are efficient, very keen on their nursing work and their duties are executive rather than supervisory.

They salute, and are saluted, in the corridors of the hospital but seem to be taken rather as a matter of course in the wards and seem less referred to than the nursing officers in British hospitals.

I saw a general hospital on the move from Normandy to the Third Army area and was impressed by the battle dress worn by the nurses which was exactly similar to that worn by the medical officers.

They said it kept them warm under very adverse weather conditions and they were evidently enjoying the experience of active campaigning.

Nurses are included in surgical teams and are used right up to clearing stations in the field hospitals.

The nurses wear the same badge as the Medical Corps with an enamelled letter "N" superimposed.

In the field hospitals they are employed in their professional capacity in nursing and likewise used as anaesthetists.

They have their own Messes and are regarded in every way as officers of the medical department. They salute officers senior to themselves in the corridors of hospitals.

Evacuation of Wounded.—The collecting companies of the divisional medical battalions convey the wounded to clearing stations formed by the clearing companies of the battalions. From the clearing station the wounded are transferred to the attached platoon of a field hospital if they require immediate operation. If immediate operation is not required they are conveyed direct to the evacuation hospital.

These evacuation hospitals correspond to our casualty clearing stations, but are very much larger units. There are two kinds, 400 bed and 750 bed.

I saw No. 104 Evacuation Hospital at Nancy. It was commanded by Colonel R. Thompson and had 400 beds but could develop to 730 beds.

It was described as "semi-mobile" with the following transport: 20 2½ ton trucks, 3 ½ ton trucks, 1 command car, 3 jeeps, 1 weapon carrier, 1 water tank, 700 galls., 2 tank trailers. With this amount of transport it requires three or four trips or additional transport provided by the Army to which it was so attached in order to move.

Its equipment was on a very generous scale, for instance, it carried a library of fifty medical and surgical books of reference.

The staff consisted of:

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical officers</td>
<td>32</td>
</tr>
<tr>
<td>Dentists</td>
<td>2</td>
</tr>
<tr>
<td>Administrative officers</td>
<td>6</td>
</tr>
</tbody>
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The registrar is a M.A.C. officer—that is a quartermaster—as in our own Service.
The Surgical Service includes: 1 neuro-surgeon, 1 orthopaedic surgeon, 1 thoracic surgeon, 1 maxillo-facial surgeon, 1 neurologist, 1 ophthalmologist, who does ear, nose and throat work.

Medical side: 1 general physician, 1 radiologist, 1 psychiatrist.

I also saw an evacuation hospital of 750 beds commanded by Colonel Marshall Brown, Junr., a teacher of medicine in New York University.

The Surgical Service included: 1 maxillo-facial surgeon, 1 neuro-surgeon, 2 orthopaedic surgeons, 1 thoracic surgeon, 3 general surgeons. In addition, two teams had been organized for treating shock.

The commanding officers of these field and evacuation hospitals have demonstrated their ability to set up their formations remarkably quickly. Colonel Brown told me he had set up a hospital with 750 beds and 10 operating tables in ten hours.

Let us now trace the progress of an American wounded soldier who is a stretcher case from the front line to the railhead.

He receives first Aid from "Medics" of his platoon, battery or other unit, and is taken by them to his unit aid post where, after receiving attention from one of his unit medical officers, he is carried by litter, i.e. stretcher, bearers of medical battalion of his Division to the nearest collecting post formed by a collecting company of the medical battalion of his Division. Instead of hand carrying, Jeeps fitted to carry two to four stretchers are largely used. The fitting to carry stretchers on the Jeeps are improvised and are usually a wooden framework.

From the collecting post he is conveyed by ambulance to the clearing station set up by the clearing company of the medical battalion where he receives any surgical treatment necessary at the field hospital platoon attached to the clearing station.

Thence he is evacuated to the evacuation hospital. Cases not requiring immediate surgery cut out the field hospital and go direct from the clearing station to the evacuation hospital.

At the evacuation hospital he receives all necessary surgical attention and then he goes by ambulance to a holding unit at the railhead, but if likely to recover in a few days he is not sent back but passed to the Army convalescent hospital in the Army area.

CONCLUSION.

I was deeply impressed by the Medical Service being provided for the American Armies in the European and Mediterranean Theatres of Operations.

The medical and surgical equipment is of the highest order—even the stretchers, or litters as the Americans call them, are made of the best canvas, provided with light and strong poles and with aluminium feet and traverses.

As in our own Service most of the medical officers are civilian practitioners uprooted from their homes and practices to form part of America's mighty military machine.

They are all volunteers and there is, as yet, no conscription of American doctors.

Their professional enthusiasm is only equalled by their belief in, and their admiration for, the Medical Services of the United States Army.

This paper has been submitted to the theatre chief surgeon whose comments are appended.

The article "The American Army Medical Services in the Field," by Major-General R. J. Blackham, has been read with interest in this office. It is a short, clear, concise picture of the Medical Service of the Army.

One cannot help but be impressed with the conclusions found in this paper. We of the Service have known of our excellent performance but to have it recognized by such an authority as General Blackham is indeed a compliment.

(Signed) C. F. Shook,
Colonel M.C. Assistant.
The American Army Medical Services in the Field

R. J. Blackham

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